

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

01

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Anna Lee -Assistant Treas

Signature of Treasurer

Electronically Filed by Anna Lee -Assistant Treas

Date

02

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		371526.17
(b) Cash on Hand at Beginning of Reporting Period	371526.17	
(c) Total Receipts (from Line 19)	44447.02	44447.02
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	415973.19	415973.19
7. Total Disbursements (from Line 31)	4437.28	4437.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	411535.91	411535.91
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	41325.00	41325.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3122.02	3122.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	44447.02	44447.02
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	44447.02	44447.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44447.02	44447.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44447.02	44447.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		437.28	437.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		437.28	437.28
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		4000.00	4000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		4437.28	4437.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		4437.28	4437.28

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	44447.02	44447.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44447.02	44447.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	437.28	437.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	437.28	437.28

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 / 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr James Unverferth Mailing Address 1100 Shawnee Road City State Zip Code Lima OH 45805-3583 FEC ID number of contributing federal political committee. C Name of Employer HCF, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 23346038 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0	6	1250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	1		0	3		2	0	0	6																							
1250.00																																
B. Full Name (Last, First, Middle Initial) Mr. Steve Ackerson Mailing Address 6750 Westown Parkway #100 City State Zip Code West Des Moines IA 50266-7726 FEC ID number of contributing federal political committee. C Name of Employer Iowa Health Care Assn. Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 23386165 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	6	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	1		0	9		2	0	0	6																							
1000.00																																
C. Full Name (Last, First, Middle Initial) Mr. Barton D. Weisman Mailing Address 5310 NW 33rd Ave #211 City State Zip Code Ft Lauderdale FL 33309-6319 FEC ID number of contributing federal political committee. C Name of Employer Weisman Associates Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 23386166 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	6	1250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	1		0	9		2	0	0	6																							
1250.00																																

SUBTOTAL of Receipts This Page (optional)**3500.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ms. Jill Mendlen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 2151 Calle Poco		
City	State	Zip Code
El Cajon	CA	92019-3540
FEC ID number of contributing federal political committee.		Transaction ID: 23368579
Name of Employer Lightbridge Hospice< LLC		Amount of Each Receipt this Period 250.00
Occupation LTC Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) David E. Meillier		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 27 Brand Avenue		
City	State	Zip Code
Faribault	MN	55021-6411
FEC ID number of contributing federal political committee.		Transaction ID: 23384043
Name of Employer Pleasant Manor Inc		Amount of Each Receipt this Period 1250.00
Occupation Administrator/Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C. Full Name (Last, First, Middle Initial) Mr Don C. Bedell		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 731 North Main St. PO Box 1210		
City	State	Zip Code
Sikeston	MO	63801-2176
FEC ID number of contributing federal political committee.		Transaction ID: 23384046
Name of Employer Health Facilities Mgmt Co- rp		Amount of Each Receipt this Period 1250.00
Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Ms Dixie Taylor-Huff

Mailing Address 932 Baddour Parkway

City State Zip Code
 Lebanon TN 37087-3707

FEC ID number of contributing federal political committee.

C

Name of Employer
Quality Care Health CenterOccupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 23384058

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Ms. Ruth Braswell

Mailing Address 3674 Pacific Ave

City State Zip Code
 Riverside CA 92509-1948

FEC ID number of contributing federal political committee.

C

Name of Employer
Vista Pacifica EnterprisesOccupation
Comm. Relations Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 23384055

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)

Mr. Darrell R. Cammack

Mailing Address 9900 Walthen Blvd

City State Zip Code
 Baltimore MD 21234-5785

FEC ID number of contributing federal political committee.

C

Name of Employer
Quail Run Assisted LivingOccupation
Owner, CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 23385393

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Michael McBride

Mailing Address 101 Grace Drive

City State Zip Code
Easley SC 29640-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Management Resources

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 23386041

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Mr William Biggs

Mailing Address 101 Grace Street

City State Zip Code
Easley SC 29640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Management Resources

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 23386163

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)

Mr Jesse Samples

Mailing Address 8 Capitol St. #700

City State Zip Code
Charleston WV 25301-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Health Care
Association

Occupation
State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 23384049

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Richard Miller
Mailing Address 9403 Mill Brook Rd

City State Zip Code
Louisville KY 40223-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Health Care Assn.

Occupation
State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 23386045

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr Alfred Santos

Mailing Address 57 Kilvert Street
Suite 200

City State Zip Code
Warwick RI 02886-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Healthcare
Assn

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 23384067

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Don B. Bedell

Mailing Address P.O. Box 1210

City State Zip Code
Sikeston MO 63801-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Facilities Mgmt Co.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 23384047

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Charles Perry

Mailing Address 2912 W. Oakley Blvd.

City State Zip Code
 Las Vegas NV 89102-2081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Health Care Assn.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 23384056

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Frank Romano

Mailing Address 57 Summer St.

City State Zip Code
 Rowley MA 01969-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essex Group

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 23386044

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Mr. Francis P. Kirley

Mailing Address 3315 Timbers Rd

City State Zip Code
 Flower Mound TX 75028-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health, Inc.

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 1 7 / 2 0 0 6

Transaction ID: 23385391

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Frank Bellinger
Mailing Address 3215 East Cheyenne Ave.

City State Zip Code
North Las Vegas NV 89030-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Las Vegas Care Cent-
er

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 7 / 2 0 0 6

Transaction ID: 23385392

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Barton D. Weisman
Mailing Address 5310 NW 33rd Ave #211

City State Zip Code
Ft Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weisman Associates

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 23424006

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)
Ms Helen Louise Stout
Mailing Address 1865 Executive Park

City State Zip Code
Cleveland TN 37312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Royal Care Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 6

Transaction ID: 23463235

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Richard Miller
Mailing Address 3594 E US Highway 30

City State Zip Code
Warsaw IN 46580-6720

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMM Invest Inc

Occupation
CEO/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 23410630

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Torgan
Mailing Address 4551 Glencoe Ave.
Suite 300

City State Zip Code
Marina del Rey CA 90292-7925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Svcs.

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 23410633

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. James Gomez
Mailing Address 2201 K Street

City State Zip Code
Sacramento CA 95816-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Association of Health
Facilities

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 23410631

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael Shepard

Mailing Address 6810 S. Hazel

City State Zip Code
 PineBluff AR

FEC ID number of contributing federal political committee.

C

Name of Employer
Daois Life CareOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 23410632

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr Louis Serra

Mailing Address 2525 Pennsylvania Ave

City State Zip Code
 Weirton WV 26062-3693

FEC ID number of contributing federal political committee.

C

Name of Employer
Weirton Geriatric CenterOccupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 6

Transaction ID: 23446473

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr Millard Cursey

Mailing Address 531 Stevenson Ln

City State Zip Code
 Towson MD 21286-7607

FEC ID number of contributing federal political committee.

C

Name of Employer
Holly Hill ManorOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 0 6

Transaction ID: 23446471

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mr. Bill Altman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 680 S. 4th Street		Transaction ID: 23446484
City Louisville	State KY	Zip Code 40202-2412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Kindred Healthcare	Occupation Vice President Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B. Full Name (Last, First, Middle Initial) Mr. Van Moore		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 3155 River Road S. Ste. 100		Transaction ID: 23446486
City Salem	State OR	Zip Code 97302-9819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Westcare Management, Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Mr. Samuel Kaplan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 5500 Wells Fargo Center 90 South Seventh St		Transaction ID: 23446476
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer Tealwood Care Centers	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)

7875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Robert M. Chur

Mailing Address 7 Limestone Drive

City State Zip Code
 Williamsville NY 14221-7899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elderwood Affiliates Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 7 / 2 0 0 6

Transaction ID: 23480337

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Mr Reginald Carter

Mailing Address PO Box 80050

City State Zip Code
 Lansing MI 48908-0050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Care Assn. of Mich-
igan

Occupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 6

Transaction ID: 23480276

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr Lee Marchant

Mailing Address 3800 Gifford Road

City State Zip Code
 Bloomington IN 47403-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
LJM Enterprises

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 6

Transaction ID: 23480299

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

John Barber

Mailing Address 2407 S Pine St
PO Box 3347

City State Zip Code
Spartanburg SC 29302-4335

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Oak Manor

Occupation
Executive VP/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 23446480

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Mr Kenneth Greiner

Mailing Address 4350 Will Rogers Pkwy Ste 300

City State Zip Code
Oklahoma City OK 73108-1839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grace Living Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 23446482

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Dean Solden

Mailing Address 2305 Vinewood Blvd.

City State Zip Code
Ann Arbor MI 48104-2765

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Living

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: 23446483

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Karen Holly Waldron

Mailing Address 290 Boners Run Rd

City State Zip Code
Shawsville VA 24162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Facilities of Ame-
ricaOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	6

Transaction ID: 23480279

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Dennis Wheeler

Mailing Address PO Box 2754

City State Zip Code
Mount Pleasant SC 29465-2754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Baye HealthcareOccupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	6

Transaction ID: 23446477

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Terry Schmoyer, Jr.CPA, Pr

Mailing Address 1330 Lady Street, Ste. 507

City State Zip Code
Columbia SC 29201-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schmoyer & Co., LLCOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	6

Transaction ID: 23446481

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert Siebel

Mailing Address 13185 W. Great Mountain Drive

City State Zip Code
 Lakewood CO 80228-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carriage Healthcare Compa-
nies, Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 0 / 2 0 0 6

Transaction ID: 23446479

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James R. Westbury

Mailing Address 922 McDonough Rd

City State Zip Code
 Jackson GA 30233-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westbury Medical Care Home
Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477383

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr Simon Pelman

Mailing Address 140 St Edwards St

City State Zip Code
 Brooklyn NY 11201-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenpark Care Center Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477352

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael Morton
Mailing Address 415 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-1926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Arkansas Nursing
Ctrs

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23480303

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Mr Steven Wolf
Mailing Address 2810 Frank Scott Parkway West
#820

City State Zip Code
Belleville IL 62223-5007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eldercare Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477369

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr Gary M. Riffe
Mailing Address 1300 Second Place NE

City State Zip Code
Jamestown ND 58401-3799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hi-Acres Manor Nursing Ce-
nter

Occupation
Administrator/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477382

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr Herbert Heflich

Mailing Address 33 Union Pl 2nd Flr

City State Zip Code
Summit NJ 07901-3650

FEC ID number of contributing federal political committee.

C

Name of Employer
Long Term Care Mgt CoOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477363

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Linda Fink

Mailing Address 426 Main St.

City State Zip Code
Juneau AK 99801-1152

FEC ID number of contributing federal political committee.

C

Name of Employer
AK St. Hosp. & Nsg. Home Assn.Occupation
Assistant Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477362

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Mr. Jesse Johnson, Jr.

Mailing Address 1500 E. First St.

City State Zip Code
Newberg OR 97132

FEC ID number of contributing federal political committee.

C

Name of Employer
Newberg Care HomeOccupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477373

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Gary Attman

Mailing Address 8028 Ritchie Hwy. #118

City State Zip Code
Pasadena MD 21122-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer
FutureCare Health & Mgmt.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23480377

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen Collins Pagels

Mailing Address 5020 N. 8th Place,
Suite A

City State Zip Code
Phoenix AZ 85014-3265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Health Care Assoc-
iation

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477381

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Cliff Coldren

Mailing Address 1930 Cliff Side Dr.

City State Zip Code
STATE COLLEGE PA 16801-7694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookline

Occupation
Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 23477371

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

41325.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Health Care Assoc PAC

Mailing Address 1201 L Street NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 23545614

Date of Disbursement

/ /

Amount of Each Disbursement this Period

437.28

SUBTOTAL of Disbursements This Page (optional)

437.28

TOTAL This Period (last page this line number only)

437.28

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Craig Thomas

Mailing Address P.O. ?Box s1580
302 Hart SOB

City Casper State WY Zip Code 82602

Purpose of Disbursement
Void - Friends of Craig Thomas

Candidate Name
Mr. Craig Thomas

Office Sought: ☐ House
☒ Senate
☐ President

State: WY District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23361350

Date of Disbursement

01 / 10 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Friends of Craig Thomas

Full Name (Last, First, Middle Initial)

B. Capito for Congress

Mailing Address PO Box 11519

City Charleston State WV Zip Code 28339

Purpose of Disbursement
Void - Capito for Congress

Candidate Name
Ms. Shelly Moore Capito

Office Sought: ☒ House
☐ Senate
☐ President

State: WV District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23410784

Date of Disbursement

01 / 23 / 2006

Amount of Each Disbursement this Period

-2000.00

Void - Capito for Congress

Full Name (Last, First, Middle Initial)

C. Capito for Congress

Mailing Address PO Box 11519

City Charleston State WV Zip Code 28339

Purpose of Disbursement
Void - Capito for Congress

Candidate Name
Ms. Shelly Moore Capito

Office Sought: ☒ House
☐ Senate
☐ President

State: WV District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23410785

Date of Disbursement

01 / 23 / 2006

Amount of Each Disbursement this Period

-1500.00

Void - Capito for Congress

SUBTOTAL of Disbursements This Page (optional)

-4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tim Johnson for South Dakota

Mailing Address 420 C Street NE Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr Tim Johnson

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 1

Transaction ID: 23415139

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Capito for Congress

Mailing Address PO Box 11519

City Charleston State WV Zip Code 28339

Purpose of Disbursement

011
Category/
Type

Candidate Name
Ms. Shelly Moore Capito

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 2

Transaction ID: 23415140

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. Mike Ross for Congress

Mailing Address 411 S. Victory #206

City Little Rock State AR Zip Code 72201

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Mike Ross

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 4

Transaction ID: 23415141

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sali For Congress

Mailing Address PO Box 71

City
Kuna

State
ID

Zip Code
83634

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. William Sali

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 1

Transaction ID: 23425796

Date of Disbursement

01 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress

Mailing Address PO Box 391

City
Hopkinsville

State
KY

Zip Code
42241

Purpose of Disbursement
Void - Whitfield for Congress

011

Category/
Type

Candidate Name
Mr. Ed Whitfield

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 1

Transaction ID: 23434183

Date of Disbursement

01 / 26 / 2006

Amount of Each Disbursement this Period

-1000.00

Void - Whitfield for Congress

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

4000.00